

CLAIMS ONLY							Application Number 101604025		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3	I						53					
4	I						54					
5		I					55					
6							56					
7							57					
8							58					
9	I						59					
10	I						60					
11	I						61					
12	I						62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	6						Total Indep					
Total Depend	2						Total Depend					
Total Claims	8						Total Claims					